

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000011082

**Entity Name:** JENNY LIM, M.D., P.A.

**Current Principal Place of Business:**

3002 RIVERSIDE AVE.  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

3002 RIVERSIDE AVE.  
JACKSONVILLE, FL 32205

**FEI Number:** 26-1868196

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIM, JENNY MD  
3002 RIVERSIDE AVE.  
JACKSONVILLE, FL 32205 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            P  
Name            LIM, JENNY  
Address        3002 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILL FL 32205

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNY LIM

**PRESIDENT**

**01/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date